

**BUREAU OF SECURITY AND INVESTIGATIVE SERVICES**

P.O. Box 980550
West Sacramento, CA 95798-0550
(916) 322-4000
www.bsis.ca.gov

**REPORT OF INCIDENT**

(Private Investigator, Private Patrol Operator, Security Guard, Alarm Company, & Alarm Agent)

Any incident involving a physical altercation or the use of a deadly weapon while on duty by licensees, qualified managers, officers, partners, or employees must be reported to the Bureau of Security and Investigative Services within seven (7) days of the incident, pursuant to Business and Professions Code sections 7521.5(b), 7583.2 (g), 7583.4, and 7599.42. The information provided will be used to investigate the incident to determine if further Bureau action is necessary. If a violation of law is established, disciplinary action may be initiated as provided by the Business and Professions Code.

A deadly weapon is defined to include any instrument or weapon commonly known as a blackjack, slingshot, billy club, sandclub, sandbag, metal knuckles, any dirk or dagger, any firearm, any knife having a blade longer than five inches, any razor with an unguarded blade and any metal pipe or bar used or intended to be used as a club.

PERSON INVOLVED IN PHYSICAL ALTERCATION OR USING DEADLY WEAPON

NAME: Last	First	Middle	DATE OF BIRTH: (month/day/year)	
ADDRESS: Number and Street		City	State	Zip
TELEPHONE NO. (optional): Home		Cell	E-MAIL ADDRESS (if applicable):	
REGISTRATION/LICENSE NO.:			EXPIRATION DATE:	
DEADLY WEAPON PERMIT NO.: (IF REQUIRED):			EXPIRATION DATE:	
CALIBER(S) ON PERMIT (IF FIREARM):			TYPE OF DEADLY WEAPON OR CALIBER OF FIREARM USED:	

LICENSEE (COMPANY) INFORMATION

COMPANY NAME:	LICENSE NO.:			
ADDRESS: Number and Street		City	State	Zip
CONTACT PERSON:			TITLE:	
TELEPHONE NO.:				

INSURANCE INFORMATION

This section must be completed if there was a firearm involved in any incident involving a private patrol operator licensee or security guard. A private investigator must complete this section if there was a firearm incident while performing bodyguard duties.

Liability insurance is required of private patrol licensees who employ armed personnel, pursuant to Business and Professions Code sections 7583.39, 7583.40, 7583.42. "Insurance policy" means a contract of liability insurance issued by an insurance company authorized to transact business in this state, and which provides minimum limits of insurance of \$500,000 for any one loss due to bodily injury or death and \$500,000 for any one loss due to injury or destruction of property.

NAME OF INSURANCE COMPANY:	POLICY NUMBER:			
ADDRESS: Number and Street		City	State	Zip
POLICY EFFECTIVE DATE:			TELEPHONE NUMBER:	

(SEE OTHER SIDE)

INCIDENT INFORMATION

Complete all information. Use a separate sheet of paper, if necessary.

1. Date of incident: _____ Time: _____
2. Where did the incident occur? _____
Business name or post location: _____
Address: _____
Telephone: _____ Type of Business: _____
Address: _____
NUMBER AND STREET CITY STATE ZIP
Telephone: _____ Type of Business: _____
3. Was a police or sheriff report taken? Yes _____ No _____
If yes, name of agency: _____
Report Number: _____ Officer's Name: _____
4. Was there a citation or arrest? Yes _____ No _____
If yes, what charge(s) and against whom? _____

5. **DETAILS OF INCIDENT:** Include circumstances leading to physical altercation or use or discharge of firearm, injuries, deaths, name of suspect, number of shots fired, names and addresses of witnesses, and discipline imposed by employer. You must clearly describe any injuries and damages. You must also identify all participants. Use a separate sheet of paper, if necessary.

READ THE FOLLOWING CAREFULLY BEFORE SIGNING. I hereby declare under penalty of perjury, under the laws of the State of California, that the statements in this report are true and correct. I understand that all statements herein are subject to investigation.

Print Name: _____

Signature: _____

Date: _____

Employer Signature: _____

Date: _____

Title: _____

The official responsible for the maintenance of information in this report is the Chief, Bureau of Security and Investigative Services, PO Box 980550, West Sacramento, CA 95798-0550. This information may be transferred to other governmental and/or enforcement agencies. Each individual has the right to review his/her records maintained by the agency, unless the records are exempted by Civil Code section 1798.40 or Government Code section 6254.